

United States District Court Southern District of Texas

Case Number: H-05-3424

ATTACHMENT

Description:

- ☐ State Court Record ☐ State Court Record Continued
- ☐ Administrative Record
- ☐ Document continued - Part 2 of _____
- ☐ Exhibit to: Vol III, Exhs 23, 24, 25, 26, 27
number(s) / letter(s) _____

Other: Petition For Writ of
Habeas Corpus
- Exh. b. ts in Support of
Petition

TAB 23

SETH W. SILVERMAN, M.D., PA
5300 Memorial, Suite 510
Houston, TX 77007
(P) 713-528-1188 (F) 713-522-5764
Board Certification in Adult,
Addiction, and Forensic Psychiatry

September 13, 2005

Re: Haynes, Anthony Cordell
Case No. MC-04-00319

BEFORE ME, the undersigned authority on this day personally appeared SETH W. SILVERMAN, M.D., who being by me duly sworn stated the following:

My name is Seth W. Silverman, M.D. I am of sound mind, over the age of eighteen (18) years, capable of making this affidavit, and I have personal knowledge of each of the facts and opinions stated herein. The opinions contained herein are based upon my experience, training, and education as a psychiatrist, and are held to a reasonable degree of medical probability.

I am a medical doctor specializing in the field of psychiatry. I am board certified in adult, addiction, and forensic psychiatry, and I am currently practicing in Houston, Texas at 5300 Memorial Drive, Suite 510. I am licensed to practice medicine in the State of Texas. A copy of my curriculum vitae is attached and incorporated into this affidavit. I am familiar with the knowledge, skill, experience, training, and education required to elicit expert opinions in the area of psychiatric disorders, specifically the standard of care to diagnose and treat Behavioral and Psychiatric Disorders and in particular, Substance Abuse Disorders, and Mood Disorders. I have served as a psychiatric consultant to adult and adolescent, inpatient, and day hospital programs and regularly treat adolescents and adults who have problems with substance abuse, mood, and behavioral problems. In addition, I have served as the psychiatric consultant for 13 years to a residential treatment center for inner city youth, who manifest many of the symptoms similar to that of Mr. Haynes. I believe that my training and experience allow me to comment on Mr. Haynes' previous and current psychiatric diagnoses and treatment. In addition, I believe that my training and experience allow me to have an opinion on how effectively psychiatric or neurological treatment might affect the likelihood that Mr. Haynes would commit future violent offenses or be an ongoing threat to society.

I have interviewed the defendant, Anthony Haynes, and have reviewed the records supplied to me by defense counsel, A. Richard Ellis. The records include affidavits

authored by individuals familiar with the defendant, as well as police records, school records, military records, medical records, and legal records.

This examiner was requested by defense counsel to review the records and interview the defendant in order to make recommendations regarding the possibility that Mr. Haynes might have been underdiagnosed and/or misdiagnosed at the time of the trial. In addition, defense counsel asked that, if indicated, recommendations be made as to which diagnostic tests might be utilized that might provide more accurate diagnoses and treatment. Finally, defense counsel asked that this examiner comment on ways that effective treatment might decrease the likelihood that the defendant would commit future violent offenses or be an ongoing threat to society.

BRIEF SYNOPSIS OF DEFENDANT'S HISTORY

Mr. Anthony Haynes has been convicted of Capital Murder. At age 16, he was diagnosed with a Conduct Disorder, Intermittent Explosive Disorder, and Cannabis Dependence. At that time, his aggressive symptoms decreased when he was prescribed the medication Tegretol (Carbamazepine).

The records indicated that he used Methamphetamine (MA) prior to the time that he robbed two or three individuals and then killed an off-duty police officer.

EXAMINER'S PROTOCOL

In this affidavit, this examiner will

1. Review Mr. Haynes' diagnoses and medical treatment
2. Make recommendations as to how to make more accurate diagnoses of Mr. Haynes' psychiatric conditions
3. Review the effects of MA and its association with and precipitation of aggressive behaviors
4. Make recommendations as to which medical treatments might be instituted that might more effectively treat Mr. Haynes's disorders, and
5. Comment on how proper treatment might decrease the likelihood that Mr. Haynes would commit future violent offenses and be an ongoing threat to the community

REVIEW OF DIAGNOSES AND MEDICAL TREATMENT

At age 16, Mr. Haynes was diagnosed as suffering from an Intermittent Explosive Disorder, Conduct Disorder, and Marijuana Dependence. These diagnoses were made utilizing the *Diagnostic and Statistical Manual (DSM)*. The *DSM* is the widely accepted authority and treatise on psychiatric diagnoses.

Psychiatric Disorders are diagnosed without concern as to their etiology. A *DSM* diagnosis (disorder) is also made without consideration as to which treatments have been most effective. A list of symptoms for each disorder is presented in the *DSM*. In order to make a diagnosis, an examiner identifies certain symptoms in the patient and matches them with the symptoms listed in the *DSM*. An individual can suffer from many different disorders at the same time. Additionally, the same symptoms might form the basis for

two or more disorders. For example, in the same individual, the symptoms of impulsivity might form the basis for a diagnosis of an Attention Deficit Hyperactivity Disorder (ADHD), and also form the basis for a diagnosis of a Bipolar Affective Disorder. In this particular case, the medication utilized in the treatment of ADHD could worsen the symptoms of Bipolar Affective Disorder. Accordingly, treatment is not dictated by diagnosis.¹

During his adolescence, Mr. Haynes had a history of aggressive behavior that formed some of the basis for a diagnosis of a Conduct Disorder and an Intermittent Explosive Disorder. Medical records document that

This 16 year old was initially evaluated in the crisis clinic where he had been brought by these parents because of increasing problems of explosive and violent behavior. The day before he tried to kill the dog, hitting him with a shovel... Family had been afraid he would try to harm him and was concerned about his potential for assaultiveness towards his 3 years old sister. There were increasing problems with behavior in the past 6 months ... anger from an unidentified source has began (sic) to arise, and he is unable to control it. He admits to periods of blackouts were (sic)[during which] all he sees is "red" and really does not know what he is doing...."

The symptoms of aggression stated above formed the basis for the diagnoses of Conduct and Intermittent Explosive Disorders. However, those same symptoms might also have formed the basis for the diagnoses of a Mood Disorder (for example, a Bipolar Affective Disorder) and/or a Neurological Disorder (for example, a Seizure Disorder). The diagnoses of Mood and Neurological disorders might coexist with the diagnoses of Conduct and Intermittent Explosive disorders that were made when he was 16.

Alternatively, the diagnoses of Mood and Neurological disorders might even be preferred. These diagnoses might be preferred because the aggressive behaviors that Mr. Haynes exhibited at the time at age 16 tend to be precipitated by unclear situations and are more cyclical than the aggressive behaviors generally associated with Conduct and Intermittent Explosive Disorders.

In addition, Mr. Haynes' substance abuse might be an attempt to self-medicate and self-treat. Paradoxically, individuals who self-medicate and self-treat psychiatric disorders with substances tend to exacerbate, not improve the symptoms of Mood and Neurological disorders.

Additional data that substantiate the hypothesis that he might have suffered and still suffers from an Affective Disorder and a Neurological Seizure Disorder is recorded in the medical record that documents Mr. Haynes' significant therapeutic response to the medication Tegretol. Tegretol is a medication well known to effectively treat the symptoms of both some neurological disorders and some mood disorders.

RECOMMENDATIONS FOR MAKING MORE ACCURATE DIAGNOSES OF MR. HAYNES' CONDITION

To more clearly identify the psychiatric and/or brain disorders that Mr. Haynes might suffer from, this examiner recommends three steps:

1. To rule in or rule out a neurological disorder might require obtaining
 - a. Complete Neurological examination
 - b. Electroencephalogram (EEG)
 - c. Computerized Tomography (CT scan) or other scans
2. To rule in or rule out a mood disorder such as a Bipolar Affective Disorder might require obtain obtaining
 - a. More thorough psychosocial history which could
 - i. Identify the periodicity of his aggressive outbursts
 - ii. Identify the precipitants of his aggressive outbursts
 - iii. Clarify how his aggressive outbursts are affected by his substance abuse
 - iv. Clarify how his psychiatric diagnosis and aggressive outbursts have changed with the forced sobriety of incarceration (seven years)
 - v. Determine whether there is a genetic component to his behavior
3. To rule in or rule out a mood disorder or possibly a neurologic disorder might require administering more thorough psychological tests, such as
 - a. The Halsted-Reitan Test, which is the gold standard of neuropsychological tests. It identifies subtle neurological impairments that might interfere with normal brain function or possibly contribute to aggression.
 - b. The Rorschach test, which is the gold standard of psychological personality tests. It identifies the individual's basic personality structure, impulse control, and ability to form relationships.

METHAMPHETAMINE (MA) USE AND ITS INFLUENCE ON BEHAVIOR

MA is a powerful stimulator of the Dopamine pathways of the Central Nervous System. It was originally synthesized in this country to be used in decongestants and for the treatment of narcolepsy (falling asleep at inappropriate times). It became a popular street drug because

1. It is powerful and disorienting
2. It can be synthesized in a lab that can be contained in a small suitcase
3. Minimal training is required to make MA
4. The ingredients to make MA are easily obtainable
5. It can be obtained without smuggling^{2 3}

The initial effects of MA can not be predicted. However, small amounts of the drug can cause euphoria, psychosis, paranoia, irritability, sleeplessness, confusion, tremors, and instant death. Different from Cocaine, the effects of MA last long after the drug has been metabolized. These effects impair the mental state of the individual, cause a delirium, and

compromise the capacity of the individual to process and respond to situations logically. MA is well documented to be associated with severe aggressive behaviors.^{4 5}

Records indicated that Mr. Haynes manifested many of the symptoms of MA intoxication during the period when he committed the robberies and fired his gun. His behaviors were much more aggressive than his previous behaviors, and his behaviors did not appear to be well thought out or well planned. His aggressive behaviors are consistent with a reaction to a misperception or distortion of information. Otherwise stated, his diminished capacity, in all medical probability, was due to his voluntary use of MA. Data that support the hypothesis that he suffered from a cognitive impairment consistent with MA-induced delirium and a decreased capacity to respond appropriately at the time of the incident is the method that he employed during the robberies and the circumstances surrounding the time when he shot the victim.

Sources indicated that he pointed a gun at the potential robbery victims from the driver's side of a truck and apparently had no back-up or follow-through plan if the victims refused to hand over their money or if they simply ran away from the truck in which he was sitting.

Mr. Haynes manifested more symptoms of MA intoxication and a decreased capacity to respond appropriately when, during the same period of intoxication when he attempted to or actually committed the robberies, he later shot a gun two times. The first time he shot the gun it was an apparent random shot that grazed the windshield of a random individual. The second bullet that he fired eventually killed the random individual. The robberies and killing appear to be

1. More aggressive behaviors than previously manifested by Mr. Haynes
2. Events that occurred during the same time period and
3. Reactions or actions based on misperceptions or cognitive impairments
4. Cognitive impairments consistent with the use of MA and its toxic effects on behavior
5. Influenced by the use of MA and its documented effects on cognitive impairment or decreased capacity
6. Not ingrained behaviors and because of that less likely to reoccur

TREATMENT RECOMMENDATIONS

Prior to his incarceration and seven-year, forced abstinence in prison, Mr. Haynes had not had the benefit of effective Substance Abuse or psychiatric treatment. Substance abuse treatment, including the treatment of marijuana, alcohol, and MA abuse, is documented to be effective. In addition, the effectiveness of the treatment can be monitored by implementing programs that emphasize relapse prevention, monitoring, and frequent blood and urine sampling.

REDUCED LIKELIHOOD OF FUTURE VIOLENT OFFENSES

Mr. Haynes' behavior appears to be isolated and not ingrained when compared to that of other MA abusers, who are more habitual in their use of the drug and their perpetration of

violence. When compared to habitual users of MA, Mr. Haynes' likelihood to commit future violent offenses or be an ongoing risk to the community is decreased.

Without the active abuse of substances by Mr. Haynes, his underlying mental disorders could be more accurately diagnosed utilizing the recommendations made earlier in this affidavit.

If he is sober, Mr. Haynes' psychiatric disorders might receive a greater benefit from the same mood stabilizer (Tegretol) that he received at age 16. He might also benefit from the use of other psychotropics, such as antidepressants and major tranquilizers, and from the use of antiseizure medications or other neurological interventions.

If Mr. Haynes is sober and does have underlying psychiatric or neurological disorders that are appropriately treated, the likelihood that he will commit future violent offenses or be an ongoing risk to the community will be reduced even further.

SUMMARY

Anthony Haynes has been convicted of Capital Murder. It is the medical opinion of this forensic psychiatrist that at the time that he committed the offense, he was probably intoxicated with MA. His behavior appeared to be illogical and to be inconsistent with his previous behaviors and appeared to be influenced by the toxic effects of the MA. His voluntary use of drugs, in particular MA, decreased his volitional capacity.

It is the medical opinion of this forensic psychiatrist that, in all medical probability, Mr. Haynes did not have a complete psychiatric and neurological evaluation prior to the instant offense and prior to the trial. With appropriate diagnostic tests and treatment, his risk to commit future violent offenses or be an ongoing threat to society could be reduced.

In all medical probability, understanding that Mr. Haynes is at lower risk to offend because his behavior is not ingrained, if he is treated for his MA abuse, if he is able to maintain sobriety, if he is accurately diagnosed and appropriately treated, the likelihood that he will commit future violent offenses or be an ongoing risk to the community will be severely and significantly reduced.

ENDNOTES

¹ American Psychiatric Association. (2000). *Diagnostic Criteria from DSM-IV-TR*. Washington, DC: American Psychiatric Association.

² Drug Policy Information Clearinghouse. (2003, November). *Methamphetamine*. Retrieved August 31, 2005 from <http://www.whitehousedrugpolicy.gov/publications/factsht/methamph/>

³ Miller, M.D. (2005, August). Questions & Answers. *Harvard Mental Health Letter*, 22(2), 8.

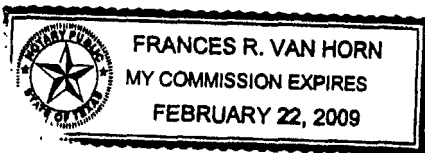
⁴ Smith, D.E., Galloway, G.P., & Seymour, R.B. (1997, Spring). Methamphetamine abuse, violence and appropriate treatments. *Valparaiso University Law Review*, 31, 661-667.

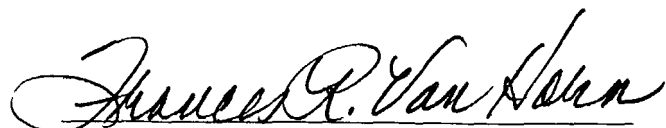
⁵ Hanson, G.R. (1998). Methamphetamine abuse and addiction. National Institute on Drug Abuse. Retrieved September 13, 2005 from <http://www.nida.nih.gov/ResearchReports/Methamph/Methamph.html>

Further, affiant sayeth not.


SETH W. SILVERMAN, M.D.

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned authority, on this the 13th day of ~~August~~ September 2005.




Notary Public in and for the State of Texas
My Commission Expires: 2/22/09

TAB 24

HOUSTON INDEPENDENT SCHOOL DISTRICT

REPORT CARD

LAST NAME		FIRST NAME		INIT	TEACHER	SCHOOL NAME	
WAYNES		ANTHONY		C	223	ROCKERS	
STUDENT NO		ADDRESS		PHONE NO		SEX	BIRTH DATE
214073		1416 FEATHERSTONE		5297713		M	01-22-97
SUBJECTS		SIX WEEK GRADES				FINAL	WORK STUDY HABITS
MATHEMATICS		87	87				ATTENDANCE
READING		82	82				COMPLETES HOMEWORK
LANGUAGE		86	87				COMPLETES CLASSWORK
SPELLING		91	94				CITIZENSHIP TRAITS
SCIENCE		86	88				DISCIPLINES SELF
SOCIAL STUDIES		87	90				RESPONDS PROMPTLY & WILLINGLY
SPANISH READING							IS COURTEOUS
MUSIC		S	S				WORKS & PLAYS WELL W/ OTHERS
ART		S	S				RESPECTS PROPERTY RIGHTS
PHYSICAL EDUCATION		S	S				FOLLOWS SCHOOL REGULATIONS
HANDWRITING		S	S				GENERAL CONDUCT GRADE
HEALTH & SAFETY		S	S				
MINI CRS		S	S				
SUBJ		SPECIAL EDUCATION SIX WEEK GRADES				FINAL CONDUCT AVG.	
MATH						ATTENDANCE	
READ						DAYS PRESENT 28 30	
LANG						DAYS ABSENT 0 0	
SPELL							
SCI							
SOC ST							
SCHOOL YEAR		PERIOD ENDING		TEACHER		PROMOTION STANDARDS	
1986-1997		11-21-96		THOMAS		OVERALL AVERAGE OF 70 OR ABOVE	
SCHOOL PRINCIPAL		DATE ENROLLED				LANGUAGE ARTS AVERAGE OF 70 OR ABOVE	
M. GRAYS		09-22-96				(READING 50%, LANGUAGE 30%, SPELLING 20%)	
						MATHEMATICS AVERAGE OF 70 OR ABOVE	

MEANING OF MARKS

ACADEMIC	HABITS	CONDUCT
90 - 100% EXCELLENT	E - EXCELLENT	E - EXCELLENT
80 - 89 GOOD	S - SATISFACTORY	S - SATISFACTORY
70 - 79 FAIR	N - NEEDS IMPROVEMENT	P - PROBATIONARY
60 - 69 PASSING	U - UNSATISFACTORY	U - UNSATISFACTORY
50 - 59 FAILING		

* 50 FAILURE DUE TO EXCESS ABSENCES ALL GRADES FOR SEMESTER CONVERT TO 50

EXPLANATION OF REPORT CARD

GRADE 1: FIRST THREE SIX WEEKS ALL SUBJECTS GRADED EXCEPT SPELLING - LAST THREE SIX WEEKS ALL SUBJECTS GRADED
GRADE 2-5 ALL SUBJECTS GRADED

STUDENT IS (X)

PROMOTED TO _____ PLACED IN _____ RETAINED IN _____
GRADE _____

PARENT'S SIGNATURE

HISD BOARD REQUIRES ALL STUDENTS WHO MAKE BELOW 70 IN LANGUAGE ARTS, READING, MATHEMATICS, SOCIAL STUDIES OR SCIENCE TO ATTEND TUTORING SESSION IN THAT COURSE(S). PLEASE CONTACT YOUR PRINCIPAL FOR INFORMATION AT _____

REPORT TO RM _____ NEXT YR. TRACK _____ IF YEAR ROL

OFFICE COPY

Full Legal Name: HAYNES, ANTHONY CARDELL
Last: ANTHONY, First: CARDELL, Middle:
Student ID Number: 220119, Adv: 461 47 2162, Hm: Sex: MALE, Ethnicity: BLACK, TX
Social Security Number: 461 47 2162, Place of Birth: HOUSTON
Date of Birth: 01 22 79, Guardian(s) Name: HAYNES, DONALD W.
Parent(s): X or Guardian(s) Name: HAYNES, DONALD W.
Lives with: MALE, HINTIN-DAVIS, PATRICIA A.
Current Address: 1827 MOOD ORCHARD DR, MISSOURI CITY, 77489
Phone: (713) 437 7557, Business: (713) 247 2270, Home: (713) 687 9053

STATE OF TEXAS ACADEMIC ACHIEVEMENT RECORD 06/16/94
Name of High School: DULLES HIGH SCHOOL
Phone No.: 491-7100, Proposed date of Graduation: 1997
Address: 500 DULLES AVE, SUGAR LAND, TX 77487
District Name: FORT BEND
TEA County-District-Campus Number: 079 907 001
Rank: 184, No. in class: 460, Quarter: 4-25-97
Grade Point Average: 5.29-97, Date Graduated: 5-29-97
Last District High School Attended:
Address: Street: City: State / Zip Code: Signature and Title of School Official:



Table with 10 columns: Course Name, 1st Sem Grade, 2nd Sem Grade, Credit, Extra, 1st Sem Grade, 2nd Sem Grade, Credit. Rows include: English Language Arts, Mathematics, Science, Social Studies, Health, Physical Ed./Equivalent, Foreign Languages, Fine Arts, Business Education, Business, Local Credit, and Absences.

TAB 25

THE NEUROPSYCHOLOGICAL DEFICIT SCALE

FOR ADULTS

IBM PC/compatible version 4.0
Copyright 1986, 1993 Ralph M. Reitan, PhD

CLIENT:	ANTHONY HAYNES
GENDER:	MALE
HANDEDNESS:	LEFT
AGE:	20 YEARS 7 MONTHS
EDUCATION COMPLETED:	GRADE 12
DATE OF BIRTH:	01/20/79
DATE OF EXAM:	08/23/99

Based on tentative norms presented in
The Halstead-Reitan Neuropsychological Test Battery:
Theory and Clinical Interpretation (2nd edition)
by R.M. Reitan and D. Wolfson (1993)

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DEBORAH WOLFSON, PH.D.
REITAN NEUROPSYCHOLOGY LABORATORY
2920 SOUTH 4TH AVENUE
SOUTH TUCSON, ARIZONA 85713-4819
602/882-2022

GENERAL NEUROPSYCHOLOGICAL DEFICIT SCALE

PAGE 1

CLIENT: ANTHONY HAYNES

DATE: 08/23/99

LEVEL OF PERFORMANCE

NDS SCORE: 0 1 2 3

1. Verbal IQ	113			
2. Performance IQ	102			
3. Impairment Index	0.1			
4. Category Test	20			
5. TPT - Total Time		10.5		
6. TPT - Memory	10			
7. TPT - Localization			5	
8. Rhythm Test	30			
9. Speech-sounds Perception	5			
10. Finger Tapping - Dominant				48
11. Finger Tapping - Nondominant				43
12. Trail Making Test - Part A	25			
13. Trail Making Test - Part B	55			
14. Tactile Form Recognition - Total	16			
15. Bilateral Tactile Stimulation	0			
16. Bilateral Auditory Stimulation	0			
17. Bilateral Visual Stimulation	0			
18. Tactile Finger Recognition	0			
19. Finger-tip Number Writing	3			

SCORE FOR LEVEL OF PERFORMANCE . . . 7

SUMMARY OF HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY: (AGE 16-Adult)

NAME: ANTHONY HAYNES DOB: 1/20/79 CA: 20 SEX: M RACE: B
EDUCATION LEVEL: 12 MARITAL STATUS: S HANDEDNESS: L DOT: 8/19-8/23/99

WAIS-R:

VIQ Score: 113
PIQ Score: 102
FSIQ Score: 109
%ile: _____

Scaled Scores

Information	<u>10</u>
Digit Span	<u>12</u>
Vocabulary	<u>11</u>
Arithmetic	<u>11</u>
Comprehension	<u>14</u>
Similarities	<u>13</u>
Picture Completion	<u>11</u>
Picture Arrangement	<u>11</u>
Block Design	<u>11</u>
Object Assembly	<u>10</u>
Digit Symbol	<u>10</u>

WRAT-3:	SS:	%ile:	G.E.:
Reading	<u>104</u>	<u>61</u>	<u>2 H.S.</u>
Spelling	<u>111</u>	<u>77</u>	<u>2 H.S.</u>
Arithmetic	<u>109</u>	<u>73</u>	<u>2 H.S.</u>

BENDER-GESTALT TEST: Errors: 0 Emot Ind: _____

RANDT MEMORY TEST: RCFT; CRMT; RAVLT
Acquisition SS: OK 124 108
Delayed Recall SS: OK
Overall Recall SS: OK 85

REITAN-INDIANA APHASIA:	#ERRORS:
<u>0</u>	<u>0</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Errors:	_____

TRAILS TEST:
Trails A: 25 sec; 0 errors
Trails B: 55 sec; 0 errors

GRIP STRENGTH:
Dominant Hand: 52 1/2 kg
Non-Dominant Hand: 50 kg

COMMENTS: KEY'S MALINGERING - 15/15 - OK;
VISUAL NAMING - 62 (87th %ile)
WORD FLUENCY - 51 (46th %ile)
TOKEN TEST - 44 (82nd %ile)

SENSORY PERCEPTUAL EXAM:

RH	LH	BOTH	RH	LH
RH	LF	BOTH	RH	LF
LH	RF	BOTH	LH	RF
RE	LE	BOTH	RE	LE
RV	LV	BOTH	RV	LV

OK

TACTILE FINGER RECOGNITION:

R1	2	3	4	5	TOTAL:	<u>0</u>
L1	2	3	4	5	TOTAL:	<u>0</u>

FINGER-TIP NUMBER WRITING:

R1	1	2	3	4	5	TOTAL:	<u>1</u>	
L1	2	1	3	1	4	5	TOTAL:	<u>2</u>

TACTILE FORM RECOGNITION:

RH: Time:	<u>9</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	LH: Time:	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Errors:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	Errors:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
RH: Time:	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	LH: Time:	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Errors:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	Errors:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
RH: Time:	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>	LH: Time:	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>

CATEGORY TEST:

of Errors: 20

TACTUAL PERFORMANCE TEST:

Domin Hand (R): 5'11"
Non-Dominant Hand: 2'20"
Both Hands: 1'58"
Total Time: 10'29"
Memory: 10
Localization: 5

SEASHORE RHYTHM TEST:

Correct: 30
Rank Score: 1

SPEECH SOUNDS PERCEPTION TEST:

of Errors: 5

FINGER-TAPPING TEST:

Dominant Hand (R): 48.6
Non-Dominant Hand: 43.2

IMPAIRMENT INDEX: .1

NDS SCORE: _____ L/R DIFF: _____

MMPI: SEE ATTACHED

L	Pd	Si
F	Mf	A
K	Pa	R
Hs	Pt	Es
D	So	Mac
Hy	Ma	

WISCONSIN: 6 CAPES.
67/79 CORRECT

OK

LINE ORIENT:

FACIAL RECOG:

VISUAL RECOG: 16-OK

TAB 26

THE ROSENSTOCK CLINIC

6910 FANNIN, SUITE 300 NORTH
HOUSTON, TEXAS 77030

HARVEY A. ROSENSTOCK, M.D., P.A.

(713) 797-1059

MEDICAL NARRATIVE

April 1, 1992

Re: Myrtle Hinton
DOB: 10/18/39
SSN: 462-50-6604

TO WHOM IT MAY CONCERN:

The above listed 52-year-old divorced lady has been in psychiatric treatment since 2/25/91 specifically due to stress related to her regular work. In fact, the stress so impacted Mrs. Hinton that it was her perception that she could no longer carry on her usual responsibilities in the Collection Department of Memorial Hospital Southwest, not withstanding the fact that her performance appraisals were consistently commendable.

Because of symptoms of stress and depression, Mrs. Hinton was begun on an outpatient treatment protocol consisting of:

- 1) Individual psychotherapy;
- 2) Group psychotherapy; and
- 3) Pharmacotherapy,

to which she was generally positively responsive.

However, on or about September 5, 1991, Mrs. Hinton, who was a good employee with Memorial Southwest for 13 years, found herself "targeted" for unjust criticism by her manager, Mr. John Sheeks. The patient felt overwhelmed and shocked by the manner in which she was singled out; namely by Mr. Sheeks approaching her immediate boss, Mr. George Parks, and in an accusatory and angry manner commanding that Mr. Parks "Document! Document! and put it in her file." This directive referred to mainly negative observations about Mrs. Hinton in an attempt, as Mrs. Hinton perceived it, to have her terminated. In point of fact, Mrs. Hinton was told by Mr. John Sheeks at that time, "You will not be told again! You will be terminated the next time you come into this office!"

Re: Myrtle Hinton
Page Two

At that moment Mrs. Hinton felt overwhelmed. She was receiving mixed messages: the threat of termination occurring only one month after receiving an overall commendable job performance rating.

Whereas Mrs. Hinton had been under considerable stress from the job for some months, during which time she was able to perform her usual job responsibilities acceptably, this incident of mental trauma that occurred on or about September 5, 1991, at her work site, resulted in total incapacitation.

Within three working days on the advice of her family physician, Dr. Glover Johnson and with my concurrence, Mrs. Hinton left her job due to her incapacitation and the vital need for medical treatment for her mental trauma.

Since September of 1991, Mrs. Hinton has required hospitalization at Memorial Hospital Southwest and continued outpatient treatment for her condition. Mrs. Hinton is still totally disabled from being able to return to her regular job. She remains in active psychiatric treatment at this time.

Most cordially yours,


Harvey A. Rosenstock, M.D.

HAR/sss/36

Incident # Y02864
Hospital Department Ep T & A Dr. Winkler Tue Q
Time Seen
Consultant J. Butler
Time Called 10:00 AM
Time Responded
Resident
Refer by
Type Accident
Job OTHER
Motor Vehicle No
Law Agency Notified HPD 1702
Transport In Walk
Ambulance Name & Number
General HEAD
PEDI BURN
ME Time
ME Notified
Transport Out Walk
Ambulance Name & Number
Discharge Date & Time 10/22/86
Condition on Admission

Physician's Orders (Include Medications)
CBC stat or 1 hr
Tyr tylenol supps 103 p.m.
5-12-74 Hg/Hct norm
monospot neg
2 wong tygan PR O 720
Ural syndrome
butcher confusion

TESTS
CBC 0123
GLUCOSE
BUN
AMYLASE
CREATININE
CARDIAC ENZYMES
ABO
UA
TBI
ETOH
ERG
CAS
T & C UNITS
T & S UNITS
XRAY
SITE

PATIENT NAME (LAST-FIRST-MI) INTON, ANTHONY CARDELL
DATE OF BIRTH 01/22/1979
SEX M
RACE E
PATIENT ACCOUNT NUMBER 5591435
MEDICAL RECORD NUMBER 000000046059
MS / ARRIVAL DATE-TIME 007- 12/22/86-07 01
ARR-CDE MOTHE
BROUGHT IN BY - ARRIVAL METHOD
ARR-COND Aggr
CONC TRAUMA BY ID MOLE
PRIMARY LANGUAGE ENG
LINJ ONSET DATE-TIME 2/22/86-00 00
LOCATION ILL INJ OCCURRED HOME
DESCRIPTION ILL INJ - CHIEF COMPLAINT FEVER, COLD AND VOMITING
RELIGION CODE - CHURCH NOP
NO PREFERENCE
INSTRUCTIONS & MEDICATIONS TO PATIENT
Do not remember name
Rx tygan supp 2wong (3)
Clear fluid
fhs as rec. here / a Dr. Teng
781-1467
DISCHARGE STATUS
1 ROUTINE
2 AMA
3 TRANSFER
4 DOA
5 NOT SEEN
6 EXPIRED
7 ADMITTED

MEMORIAL CARE SYSTEMS

TAB 27

PERFORMANCE REVIEW BOARD RECORD

HAYNES, ANTHONY SN 461-47-2162 Date Convened 2 Dec 97

COURSE TITLE C/N CDP CLASS NO. ACADEMIC X / MILITARY _____

BOOST P-500-0042 9701 1998

1st Mid Cum PRT Qual? Yes Swim Qual? Yes

GPA 2.5 1.9

MATH 74 66

SCIENCE 77 68

ENGLISH 80 78

OVERALL 77.0 71

ACT/SAT TESTS

Math Verbal Total Navy Minimum: USMC Minimum:

Best ACT: 23 24 47 22 V / 22 M 45 (Combined)

Best SAT: 0 0 0 530 V / 520 M 480 V / 1000 (Combined)

RECORD OF BOARD ACTION

3-2

The following action is recommended by this Review Board

BOARD VOTE: X CONTINUATION OF TRAINING IN PRESENT CLASS WITH/WITHOUT REMEDIATION

_____ ELIMINATION FROM TRAINING (DROP)

SIGNATURES OF BOARD MEMBER

R A Miller CHAIRMAN

The review board action has been reviewed.

APPROVED / DISAPPROVED

P. V. Shofers-Moghadam MEMBER

DIRECTOR, BOOST DATE

W. P. Nichols MEMBER

DISENROLL / RETAIN

W. P. Nichols MEMBER

DIRECTOR FOR TRAINING DATE

FOR RECOMMENDED DISENROLLMENT ONLY:

I (DO) (DO NOT) WISH TO MAKE A WRITTEN STATEMENT

DISENROLL / RETAIN

(STUDENT'S SIGNATURE) DATE

COMNETC DATE

PERFORMANCE REVIEW BOARD RECORD

HAYNES, ANTHONY SN B242

Date Convened 26 Feb 98

COURSE TITLE CIN CDP CLASS NO.

ACADEMIC X / MILITARY

BOOST P-500-0042 9701 1998

1st Tri 2nd Mid 2nd Tri Cum

PRT Qual? Yes Swim Qual? Yes

GPA 1.9 2.5 2.0 1.9

MATH 66 77 70 68

SCIENCE 68 76 69 68

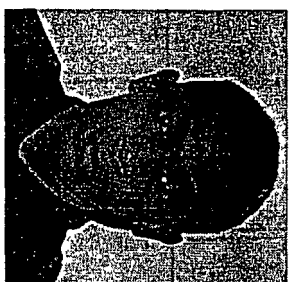
ENGLISH 78 78 75 76

OVERALL 70.7 77.0 71.3 71

ACT/SAT TESTS

Math Verbal Total Navy Minimum: USMC Minimum:

23 24 47 22 V / 22 M 45 (Combined)

Best ACT: 23 24 47 22 V / 22 M 45 (Combined)
Best SAT: 550 470 1020 530 V / 520 M 480 V / 1000 (Combined)

RECORD OF BOARD ACTION

The following action is recommended by this Review Board

BOARD VOTE: CONTINUATION OF TRAINING IN PRESENT CLASS WITH/WITHOUT REMEDIATION

5-0 X ELIMINATION FROM TRAINING (DROP)

SIGNATURES OF BOARD MEMBER

RA Nible CHAIRMAN

AP Nible MEMBER

Glenn V. Sheffer MEMBER

W. J. Hauer MEMBER

DDA MEMBER

FOR RECOMMENDED DISENROLLMENT ONLY:

(DO NOT WISH TO MAKE A WRITTEN STATEMENT)

DDA 2/26/98

(STUDENT'S SIGNATURE) DATE

The review board action has been reviewed.

APPROVED/DISAPPROVED

K. F. Ferguson 2 MAR 98

DIRECTOR, BOOST DATE

DISENROLL/RETAIN

DDA 3 MAR 98

DIRECTOR FOR TRAINING DATE

DISENROLL/RETAIN

DDA 6 MAR 98

COMNETC DATE

ARB BRIEF SHEET

B242 SN HAYNES, ANTHONY CARDELL Track: II Marital Stat: S Sex: M

Grades	Math	Science	English	Ranking	GPA
1st Midterm	74	77	80	217	2.6
1st Trimester	66	68	78	284	1.9
2nd Midterm	77	76	78	207	2.5
2nd Trimester	70↓	69↓	75↓	265	2.0
Cumulative	68	68	76	285	1.883
NEED TO PASS:	89	89			

Previous ARBs:

Best ACT: 10/1/96 Math: 23 Verbal: 24 Qual

Best SAT: 10/1/96 Math: 550 Verbal: 470

DODMERB Status: Qualified

PRT Qual? Yes

Body Fat OK? Yes

Swim Qual? Yes

Recommendation:

c/c
disenrollment / 40 disenroll

Comments:

Room Inspections

Appearance

Bearing

Conduct

Other

average

getting worse with instructors (less cooperative) ^{attitude worse in math}

falling back into old groove

motivation falling

Voting: R / D

Dean	BNO	Math	Eng	Sci
R	R	R	R	R
D	D	D	D	D